

Restraint Chair

307.1 PURPOSE AND SCOPE

Restraint devices shall only be used on incarcerated people who display behavior which results in the destruction of property or reveal an intent to cause physical harm to self or others.

307.2 POLICY

It is essential for the Shasta County Sheriff's Office Custody Division to provide a safe and secure environment in the jail facility for the public, department personnel, and all inmates. The restraint chair will be used only for those inmates who display behavior which results in the destruction of property or reveal an intent to cause physical harm to self or others.

307.3 GENERAL

Correctional Deputies shall be trained in the proper use of the restraint chair.

Detention facility personnel shall only use that force which is reasonable, necessary, and allowable by law, to gain control of the situation and to place the inmate into the restraint chair.

In no case shall any restraint device be used for punishment or as a substitute for treatment.

307.4 APPLICATION

The Watch Commander or Facility Administrator shall have the authority to authorize the use of the restraint chair as outlined in Policy 307.1. Continued retention shall be reviewed a minimum of every hour.

Restraint devices should be used only when less restrictive alternatives, including verbal de-escalation techniques, have been attempted and are deemed ineffective.

Continuous direct visual observation shall be maintained until a medical opinion can be obtained.

A medical opinion on placement and retention shall be secured within one hour from the time of placement.

A medical assessment shall be completed within four hours of placement.

Continuous direct visual observation shall be conducted at least twice every thirty minutes to ensure that the restraints are properly employed, and to ensure the safety and well-being of the incarcerated person. Such observation shall be documented. While in restraint devices all incarcerated persons shall be housed alone or in a specified housing area which makes provisions to protect the person from abuse.

If the facility manager, or designee, in consultation with responsible health care staff determines that an inmate cannot be safely removed from restraints after eight hours, the inmate shall be taken to a medical facility for further evaluation.

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Where applicable, the facility manager shall use the restraint device manufacturer's recommended maximum time limits for placement.

All events and information related to the placement in restraints shall be documented and **shall be video recorded** unless exigent circumstances prevent staff from doing so. The documentation shall include: the reason for placement; person authorizing placement; names of staff involved in the placement; injuries sustained; and the duration of placement.

Inmates that have a mobility-disability e.g., prosthetic device, shall receive reasonable accommodation by both custody and medical staff prior to being placed in the restraint chair.

A door check log shall be started immediately and maintained for the duration of placement.

All important events shall be logged, including but not limited to: initial placement; medical assessments; exercise for each extremity, including start and stop times; reviews and evaluations, which shall include names and titles of persons participating in the evaluation.

Continued retention after 4 hours requires custody administration approval.

Medical staff will position an oxygen tank and Ambu-bag outside the door.

Custody staff will work with medical staff to ensure passive range of motion of all extremities, for approximately two to three minutes per extremity, on a rotating basis at least every 2 hours.

The inmate will be offered liquids to drink at least every thirty (30) minutes.

Correctional Deputies will accommodate toileting needs of the inmate.

No inmate will be left in restraints for a period of time longer than reasonably necessary.

No later than four (4) hours after inmate has been placed in restraints, the registered nurse will notify the physician on call to discuss inmate's condition.

The registered nurse will obtain from the physician, a medical opinion for continued placement, release from the restraint chair, or make a referral to the emergency room for an evaluation.

A medical review for continued retention in the restraint chair occurs at a minimum of every six hours. A mental health consultation is secured as soon as possible, but no later than eight (8) hours from the time of placement.

The restrained inmate's mouth and nose will not be covered in such a way as to prevent expelling vomit or ability to breath. A mesh bag may be loosely held over the head on a temporary basis to prevent expectoration on staff or biting during processing or movement.

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307.4.1 INJURIES

Medical staff shall be immediately notified should any injury occur to an inmate or staff as a result of using physical force or restraints.

Medical Staff shall conduct an examination and administer treatment, including referral, if necessary.

If the facility manager, or designee, in consultation with responsible health care staff determines that an inmate cannot be safely removed from restraints after eight hours, the inmate shall be taken to a medical facility for further evaluation.

307.5 REPORTS

A jail incident and/or crime report shall be written by Correctional Deputies involved in the use of force and/or restraints.

The Correctional Deputy completing the report shall forward it to the Watch Commander no later than the completion of that duty tour.

The Watch Commander shall insure that copies of all such reports are forwarded to the facility manager.

A copy of the log shall be attached to the report.